

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032519

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4304

FILED AUG 20 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 3638	
3	
4 1	
5 2	
6	
7 1	
8 2	
9 420.1	
10	
11	
12 65-1	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>45 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>4408 VIRGINIA AVENUE</b>	
3. NAME OF DECEASED (Type or print) First <b>LOUISE</b> Middle <b>ADELLE</b> Last <b>YOUNG</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>30</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/9/1918</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>BELLEVIEW, ILLINOIS</b>
13a. FATHER'S NAME <b>ROBERT CRAIG WEST</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA CHEEK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>ROBERT M. YOUNG</b> Address <b>3261 WARWICK BLDG. KANSAS CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis + age</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Gall stones</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>5 yrs</b> <b>5 yrs</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>NO</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NO</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>JACKSON</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>July 25, 1963 to 7/30/63</b>		last saw her alive on <b>7-30-63</b>	
22a. SIGNATURE <b>MFB Casebolt MD</b>		22b. ADDRESS <b>4000 Baltimore</b>	
22c. DATE SIGNED <b>7/30/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>AUG 1, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEMETERY</b>	23d. LOCATION (City, town, or country) <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>8-1-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

(Licensed Embalmer's Statement on Reverse Side)

WASH-102

1002

21 Nov 75  
4040 Baltimore Avenue  
2:30-6:30  
CJ

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Rollie Kessel*

Licensed Embalmer No.

*4690*

P. O. Address

*Indep. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.